

NEW. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 76

Registered No. 152

### 1. PLACE OF BIRTH

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. 139 Mexican Canon St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Miguel Orta If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Feb 2 1930 Month Day Year

8. FATHER Full name Pedro Orta

14. MOTHER Full maiden name Anita Aralla

9. Residence (Usual place of abode) Miami, Arizona If non-resident, give place and state.

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10. Color or race Mexican 11. Age at last birthday 27 (Years)

16. Color or race Mexican 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) \_\_\_\_\_ (State or country) Mexico

18. Birthplace (city or place) Phoenix (State or country) Arizona

13. Occupation Surface laborer Nature of industry Copper mine

19. Occupation Housewife Nature of industry \_\_\_\_\_

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child). (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum. yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was alive at 8:30 P m. on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Miller

(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year

Filed Feb 11 1930

Registrar.

Registrar.

461-202-111